

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574968

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
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16		2		1		
17		2		1		
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19		2		1		
20		2		1		
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28	1		1			
29		1		1		
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36		1		1		
37		1		1		
38		1		1		
39		2		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44	1		1			
45		1		1		
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1	1	1		
57		1		1		
58		1		1		
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97						
98						
99						
100						
TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	68	←	53	←		←
TOTAL CLAIMS	65		57			